

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMS control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	Appl. No. 10/729,558
	Filing Date	December 4, 2003
	First Named Inventor	Woo Seong Yoon
	Art Unit	
	Examiner Name	
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 02292 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 02292

OR

 Firm or Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	
Name	Young -kuk Kim
Date	Nov. 21, 2007
Telephone	+82-2-526-4437

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 1 forms are submitted.